PAGE 1 / 10

Image# 201601159004504794

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An	Authorized	Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typin the lines.	g, type	12FE4M5		
Harvest PAC				1 1 1			
ADDRESS (number and street)	PO Box 83142						
Check if different							
than previously reported. (ACC)	Gaithersburg				MD L	20883	-
2. FEC IDENTIFICATION NU	JMBER ▼	CITY ▲		S	STATE 🛦	ZIP CO	DE 🛦
C C00415869		3. IS THIS REPORT	~	IEW N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	=	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		un 20 (M6)	H	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C	21)	Apr 20 (M4)		ul 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (C	PRE-Election	n 📙	Primary (12P		General ((12G)	Runoff (12R)
October 15 Quarterly Report (C	Report for the	he: (Convention (12C)	Special (12S)	
X January 31 Year-End Report (Y		Election on	M = M /	D D /	Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M - M /	D = D /	Y	in the State o	of
5. Covering Period 07		015	through	12	/ 31_ /	2015	
I certify that I have examined th	is Report and to the be	est of my know	ledge and b	elief it is true	e, correct and	d complete.	
Type or Print Name of Treasure	r Vickie L. Winpisinger						
Signature of Treasurer Vicking	e L. Winpisinger		Electronically	<i>Filed]</i> Da	ate 01	/ D D /	2016
NOTE: Submission of false, errone	eous, or incomplete inform	mation may sub	ject the pers	on signing thi	s Report to th	ne penalties of 2	U.S.C. §437g.
Office Use						FEC FOR Rev. 12/2	
Only						nev. 12/2	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Harvest PAC 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1098.27 January 1, 2015 (b) Cash on Hand at 1788.27 Beginning of Reporting Period..... 25000.00 20000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 21788.27 26098.27 6(a) and 6(c) for Column B)..... 8381.47 12691.47 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 13406.80 13406.80 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	20000 00	25000.00		
(i) Itemized (use Schedule A)	20000.00	25000.00		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	20000.00	25000.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines	,			
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	20000.00	25000.00		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
. All Loans Received		0.00		
. Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures	7			
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds	0.00	7 7		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7			
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(a) zoran i anao (irom consulto ne) anami				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d),	20000 00	25000.00		
12, 13, 14, 15, 16, 17, and 18(c))▶	20000.00	25000.00		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	20000.00	25000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. (Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outonadi Todi to Bato		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
((b) Other Federal Operating				
	Expenditures	131.47	191.47		
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	131.47	191.47		
	Transfers to Affiliated/Other Party				
	CommitteesContributions to	0.00	0.00		
F	Federal Candidates/Committees and Other Political Committees	8250.00	12500.00		
	Independent Expenditures	0.00	0.00		
. ((use Schedule E)		7		
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
I	Loan Repayments Made	0.00	0.00		
	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
,	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00			
	(such as PACs)	0.00	0.00		
((d) Total Contribution Refunds	0.00			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
. (Other Disbursements	0.00	0.00		
F	Federal Election Activity (2 U.S.C. §431(20))				
((a) Allocated Federal Election Activity (from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(1) W	0.00	0.00		
((ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00			
,	With Federal Funds	0.00	0.00		
((c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
-	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8381.47	12691.47		
	Total Federal Disbursements				
((subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8381.47	12691.47		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20000.00	25000.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	25000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	131.47	191.47	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
88. Net Operating Expenditures (subtract Line 37 from Line 36)	131.47	191.47	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Harvest PAC Full Name (Last, First, Middle Initial) Herman Sanchez Jr. Date of Receipt Mailing Address 479 NE 446th St 07 2015 27 City State Zip Code Transaction ID: C10280384 FL Old Town 32680-7759 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Self Farmer Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Freda Shaw Date of Receipt Mailing Address PO Box 357 07 27 2015 City State Zip Code Transaction ID: C10280383 FL Mayo 32066-0357 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Mayo Fertilizer Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. John L. Shepard Date of Receipt Mailing Address 72 Congdon Avenue M = M 2015 07 24 City State Zip Code Transaction ID: C10278184 RΙ North Kingstown 02852 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation CEO Veterans Assembled Electronics Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 15000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Harvest PAC Full Name (Last, First, Middle Initial) Pam Shepard Date of Receipt Mailing Address 72 Congdon Avenue 2015 07 24 City State Zip Code Transaction ID: C10278185 RΙ North Kingstown 02852 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 20000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:	PAGE 8 OF 10
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Any information copied from such Reports and State	monto movi not bo or	old or used			
or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
Harvest PAC					
/					
Full Name (Last, First, Middle Initial) A. FRIENDS OF CORRINE BROWN				Date of Disbursemen	nt
" FRIENDS OF CORRINE BROWN				M M / D D	/
Mailing Address PO BOX 40087				09 16	2015
-					
City JACKSONVILLE	State Zip Co FL 32203			Transaction ID : D	579105
Purpose of Disbursement	FL 32203				
Contribution				Amount of Each Dis	bursement this Period
Candidate Name			Category/		500.00
CORRINE BROWN			Туре		500.00
	ment For: 2016				
Senate President	Primary G Other (specify)	eneral			
State: FL District: 05	Other (specify)				
Full Name (Last, First, Middle Initial)					
B. FRIENDS OF PATRICK MURPHY	7			Date of Disbursemen	nt
				M M / D D	/
Mailing Address 4521 PGA BLVD #412				08 27	2015
City	State Zip Co	nde			
PALM BEACH GARDENS	FL 33418			Transaction ID : D	578746
Purpose of Disbursement					
Contribution				Amount of Each Dis	bursement this Period
			Category/		1000.00
Candidate Name		1			
PATRICK E MURPHY	ment For: 2016		Type		
PATRICK E MURPHY Office Sought: House Disburse	ment For: 2016 Primary G	eneral			7
PATRICK E MURPHY Office Sought: House Disburse					
PATRICK E MURPHY Office Sought: House Disburse Senate	Primary G				
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial)	Primary G				
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PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA	Primary G			M M / D D	/ Y Y Y Y Y
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PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA	Primary G Other (specify) ▼ State Zip Co	eneral		09 / <u>16</u>	2015
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON	Primary G Other (specify) ▼	eneral		M M / D D	2015
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City	Primary G Other (specify) ▼ State Zip Co	eneral		M M / 16 Transaction ID : D	2015 579108
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement	Primary G Other (specify) ▼ State Zip Co	eneral	Туре	M M / 16 Transaction ID : D	2015
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Contribution	Primary G Other (specify) ▼ State Zip Co	eneral		M M / 16 Transaction ID : D	2015 579108
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Contribution Candidate Name JOSEPH S DONNELLY Office Sought: House Disburse	Primary G Other (specify) ▼ State Zip Co	eneral	Type Category/	M M / 16 Transaction ID : D	2015 579108 bursement this Period
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Contribution Candidate Name JOSEPH S DONNELLY Office Sought: House Senate	Primary G Other (specify) ▼ State Zip Co DC 20036 ment For: 2018 Primary G	eneral	Type Category/	M M / 16 Transaction ID : D	2015 579108 bursement this Period
PATRICK E MURPHY Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. DONNELLY FOR INDIANA Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Contribution Candidate Name JOSEPH S DONNELLY Office Sought: House Senate President	Primary G Other (specify) ▼ State Zip Co DC 20036	eneral	Type Category/	M M / 16 Transaction ID : D	2015 579108 bursement this Period
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SCHEDULE B (FEC Form 3X)	Haramanaka ada ada d	FOR LINE	NUMBER: PAGE 9 OF 10
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	he (orlook orliy	,
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
Harvest PAC			
/			
Full Name (Last, First, Middle Initial)	•		Date of Disbursement
A. JOHN CARTER FOR CONGRESS)		
Mailing Address 1717 NORTH IH-35			09 17 2015
SUITE 304			
,	State Zip Code		Transaction ID : D579127
ROUND ROCK Purpose of Disbursement	TX 78664		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
JOHN R. CARTER		Type	500.00
	nent For: 2016		
	Primary General	al	
State: TX District: 31	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. CASTOR FOR CONGRESS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 301 W PLATT STREET, #385			09 16 2015
Cit.	State Zin Code		
City S TAMPA	State Zip Code FL 33606		Transaction ID : D579106
I AIVII A	1 - 33000		
Purpose of Disbursement	33000		
Purpose of Disbursement Contribution	33000		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	33000	Category/	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name KATHY CASTOR		Category/ Type	
Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: House Disburser	ment For: 2016	Type	
Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: House Disburser	nent For: 2016	Type	
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Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial)	nent For: 2016 Primary Genera	Type	500.00
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Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: House Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS	nent For: 2016 Primary Genera	Type	Date of Disbursement
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Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS Mailing Address 181A KNIGHT STREET City WARWICK	nent For: 2016 Primary ☐ Genera Other (specify) ▼	Type	Date of Disbursement
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Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS Mailing Address 181A KNIGHT STREET City WARWICK Purpose of Disbursement Contribution Candidate Name JAMES R. LANGEVIN Office Sought: House Senate Disburser	nent For: 2016 Primary Genera Other (specify) State Zip Code RI 02886 ment For: 2016 Primary Genera	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS Mailing Address 181A KNIGHT STREET City WARWICK Purpose of Disbursement Contribution Candidate Name JAMES R. LANGEVIN Office Sought: House Senate Disburser	nent For: 2016 Primary Genera Other (specify) State Zip Code RI 02886 ment For: 2016 Primary Genera	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS Mailing Address 181A KNIGHT STREET City WARWICK Purpose of Disbursement Contribution Candidate Name JAMES R. LANGEVIN Office Sought: House Senate President State: RI District: 02	nent For: 2016 Primary General	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name KATHY CASTOR Office Sought: Senate President State: FL District: 14 Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS Mailing Address 181A KNIGHT STREET City WARWICK Purpose of Disbursement Contribution Candidate Name JAMES R. LANGEVIN Office Sought: House Senate President Disburser Senate President	nent For: 2016 Primary General	Category/ Type	Date of Disbursement M M M / 24 / 2015 Transaction ID: D577277 Amount of Each Disbursement this Period 2500.00

SCHEDULE B (FEC Form 3X)	11 1 2 2 2	FOR LINE NUMBER: PAGE 10 OI			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	,		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the name	e and address of any poli	tical committee to	solicit contributions f	rom such committee.	
NAME OF COMMITTEE (In Full)					
Harvest PAC					
Full Name (Last, First, Middle Initial)					
^{A.} LORETTA SANCHEZ FOR SENAT	Έ		Date of Disbursem		
Mailing Address PO BOX 6037			09 18	2015	
City	State Zip Code		Transaction ID	DE70425	
•	CA 92706		Transaction ID:	D579135	
Purpose of Disbursement Contribution		· · · ·	Amount of Each D	sisbursement this Period	
Candidate Name		Category/		250.00	
LORETTA SANCHEZ		Type		250.00	
	nent For: 2016				
	Primary General Other (specify)				
State: CA District: 00	oulei (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. CONAWAY FOR CONGRESS			Date of Disbursem	nent	
			M = M / D = D	/ Y = Y = Y = Y	
Mailing Address PO BOX 51272			09 16	2015	
,	State Zip Code		Transaction ID :	D579107	
MIDLAND Purpose of Disbursement	TX 79710				
Contribution			Amount of Each D	isbursement this Period	
Candidate Name		Category/			
MICHAEL CONAWAY		Type		2500.00	
Office Sought: House Disbursen	nent For: 2016	'			
	Primary General				
	Other (specify) ▼				
State: TX District: 11 Full Name (Last, First, Middle Initial)					
C.			Date of Disbursem	nent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
•			Amount of Fach D	isbursement this Period	
Candidate Name		Category/	Gain of Edoil B	and I dilot	
		Type			
Office Sought: House Disbursen					
	Primary General				
State: District:	Other (specify) ▼				
otato. District.					
SUBTOTAL of Disbursements This Page (optional)				2750.00	
22272 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2					
TOTAL This Period (last page this line number only).				8250.00	